

NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)

This form should be filed after the Committee qualifies as a multicandidate committee.

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2013 DEC 27 PM 1:20

FEC MAIL CENTER

1. (a) NAME OF COMMITTEE IN FULL

OTSUKA AMERICA PHARMACEUTICAL, INC.
POLITICAL ACTION COMMITTEE

(b) Number and Street Address

2440 RESEARCH BLVD.

(c) City, State and ZIP Code

ROCKVILLE, MD 20850

2. FEC IDENTIFICATION NUMBER

3. TYPE OF COMMITTEE (check one)

☐ STATE PARTY

☒ OTHER

I certify that one of the following situations is correct (complete line 4 or 5):

4. **STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) on 12/27/13 and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: PHARMAVITE, LLC POLITICAL ACTION COMMITTEE

FEC Identification Number: C00410654

5. **STATUS BY QUALIFICATION:**

- (a) **Candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name	Office Sought	State/District	Date
(i)				
(ii)				
(iii)				
(iv)				
(v)				

- (b) **Contributors:** The committee received a contribution from its 51st contributor on: _____.

- (c) **Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: _____.

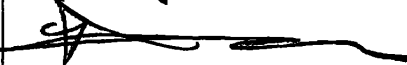
- (d) **Qualification:** The committee met the above requirements on: _____.

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER

PRISCILLA J. HUANG

SIGNATURE OF TREASURER



DATE

12/20/13

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.